- Lygiable Copy

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004									101550486			
CLAIMS AS FILED - PART I								SMALL EN	TITY	OR	OTHER SMALL	
U 9	NATIONAL	STAGE FEES	(Column 1)			(Column 2)				7		T
_			SMALL ENT. = \$ 150			05.51/5		RATE	FEE	┨	RATE	FEE
BASIC FEE			Satisfies PCT Article 33(1)-			GE ENT. = \$ 300 other situations =		BASIC FEE	ļ	OR	BASIC FEE	SYL
EXAMINATION FEE			(4) = \$50	(4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	22
SEARCH FEE			ALL other countries = \$ 200 / \$ 400			other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	402
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =		-	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			minus 20 = *					X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT CI	_AIMS	$\frac{1}{2}$	inus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MUI	TIPLE DEPEN	IDENT CLAIM PR	ESENT				Ī	+ \$ 180 =		OR	+ \$ 360 =	<u> </u>
* If the difference in column 1 is less than zero, enter "0"						olumn 2		TOTAL		OR	TOTAL	901)
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						(Column 3)	_	SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	IULTIPLE DEPE	TIPLE DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =		
						·	_	TOTAL ADDIT. FFF		ÖR	TOTAL ADDIT.	
		(Column 1)	·	(Colum	າກ 2)	(Column 3)				-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ſ	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	T	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				LAIM		T	+ \$ 180 =		OR	+ \$ 360 =	
							-	OTAL ADDIT. FFF		OR	TOTAL ADDIT.	
											•	
	** **********************************		A.A.A.									
**	If the "Highest No	umn 1 is less than the umber Previously Pai	d For" IN THIS SP.	ACE is less	than '26	0' enter "20"						
***	If the Highest No	umber Previously Pai mber Previously Paid	d For IN THIS SP	ACE is less	than '3'	. enter "3".	1 the	appropriate box	in column 1			